PTO/SB/17 (12-04)
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Date October 27, 2005

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Effective on 12/08/2004.					Complete if Known					
rees pursuant to the Consolidated Appropriations Act, 2005 (H.K. 4818).					Application Number		10/796,246			
FEE TRANSMITTAL					Filing Date		March 9, 2004			
For FY 2005					First Named Inventor		Akram et al.			
Applicant claims small antity status. See 27 CER 1 27					Examiner Name		James M. Mitchell			
Applicant claims small entity status. See 37 CFR 1.27					Unit	2	2813			
TOTAL AMOUNT OF PAYMENT (\$) 130.00					Attorney Docket No. MIO 0			VA/40509.2	245	
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038.										
FEE CALCULATION										
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
			Entity		all Entity	EXAM	INATION Small			
Application		(\$) <u>Fee</u>	(\$) <u>Fee</u>		Fee (\$)	Fee (\$) Fee		Fees Paid	<u>(\$)</u>
Utility	30	0 150	0 50	0	250	200	10	_		
Design	20	0 10	0 10	0	50	130	6	5 _		
Plant	200	0 10	0 30	0	150	160	8) _		
Reissue	30	0 150	0 50	0	250	600	30) _		
Provisional		0 10	0	0	0	0	() _		
	2. EXCESS CLAIM FEES									
Fee Description Each claim ove	r 20 or for Reis	ssues each	n claim over 20 a	and mor	e than in th	e origin	al natent		Fee (\$) <u>r</u>	Fee (\$) 25
			issues, each ind							100
Multiple dependent claims								υ,	360	180
		ctra Claims Fee (\$)		e Paid	(\$)	Multiple Depend				
	or HP = nber of total claims p	X paid for if gre	ater than 20		_	Fee	<u>(\$)</u>	<u>Fee Paid (</u>	<u>\$)</u>	
<u>Indep. Claims</u>	Extra (<u>Claims</u>		e Paid (<u>\$)</u>					
	or HP = ber of independent	X claims paid fo	or, if greater than 3		_					
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)										
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										raid (\$)
	ninal Disclaimer			-y =					130	0.00
			41 11							
SUBMITTED BY	<u> </u>	2001	11/1/	Regie	tration No. 4		1	Teleshara		
Signature	70-	11/1/1	ne 4	(Attorn	ney/Agent)	6,404		Telephone (9	337) 449-64	400

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Paul M. Ulrich